UNITED STATES PATERIA & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND							
1 Date of Request: 11/2/05 2 Serial/Patent # 09/864,468							
3 Please refund the following fee(s):		4 PAI NUI	PER MBER	5 DATE FILED	6 AMOUNT		
	Filing				\$		
	Amendment				\$		
	Extension of Time			9/23/05	\$ 1020		
	Notice of Appeal/Appeal			·	\$		
	Petition				\$		
	Issue				\$		
	Cert of Correction/Terminal Disc.				\$		
	Maintenance				\$		
	Assignment				\$		
	Other				\$		
			7 TOTAL AMOUNT OF REFUND \$				
		8 TO	8 TO BE REFUNDED BY: 1020				
10 REASON:			Treasury Check				
	Overpayment		_c	redit Dep	osit A/C #:		
	Duplicate Payment		9 5	0 1	3 7 9		
	No Fee Due (Explanation):	e Due (Explanation):					
	Unnleer	7av	1				
11 REFUND REQUESTED BY:							
TYPED/PRINTED NAME: WAN LAYMON TITLE: pet. Suam							
SIGNATURE: PHONE:							
OFFICE:							
THIS SPACE RESERVED FOR FINANCE/USE ONLY: APPROVED:							
,							

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PTO/S8/22 (12-04)

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PETITION	FOR EXTENSION OF TIME UNDER 3	Dostet Number (Optional)						
	FY 2005 purevent to the Consolicited Appropriations Act, 20	P13111-US1						
	407774 400	Filed May 23, 2001						
Application Number 09/864,468 For Subscribers Database Proofing Using a Checksum in a Telecommunications System								
Art Unit	2683	Examiner Joseph D. Nguyen						
This is a request under the provisions of 37 CFR 1.135(a) to extend the period for filling a reply in the above identified application.								
The requested systemsion and fee are as follows (check time period destred and enter the appropriate fee below):								
		Fee	Small Entity Fee					
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$				
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$				
\square	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	s <u>1020.00</u>				
	Four months (37 CFR 1.17(8)(4))	\$1590	\$795	.\$				
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$				
Applicant claims small entity status. See 37 CFR 1.27.								
A check in the amount of the fee is enclosed.								
Payment by credit card. Form PTO-2038 is attached.								
The Director has already been authorized to charge fees in this application to a Deposit Account.								
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1379 have enclosed a duplicate copy of this sheet.								
WARNING: Information on this form may become public. Credit eard information should not be included on this form. Provide credit eard information and authorization on PTO-2038.								
i am the applicant/inventor.								
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/98).								
attorney or agent of record. Registration Number 40,542								
attorney or agent under 37 CFR 1.34.								
September 23, 2005								
Signsture / Date								
Roger	S. Burleigh		972-583-5799					
	Typed or printed name	Tetephone	Number					
NOTE: Signatures of all the invariors or accigness of record of the shife interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
✓ Total		submitted.						
This collection of information is required by 57 CPR 1.138(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an epplication. Continued by 33 LLS.C. 122 and 37 CPR 1.11 and 1.10. This collection is estimated to take 8 minutes to complete the object of the USPTO. There will be not proceed and unpublication of the USPTO. There will be not proceed and unpublication of the USPTO. There will be not proceed the object of the USPTO.								

companies, measuring gambring, preparing, and automoting the completed apparation form to the USFTO. Thre will very depending upon the findefield case. Any comments on the emount of this you require to complete this form suggestions for reducing this burder, should be sent to the Chief Information Officer. U.S. Patient and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO; Companies layer for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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PAGE 89 * RCVD AT 9/23/2005 12:07:12 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/27 * DAIS:27/38/300 * CSID:97/258/37864 * DURATION (mm-ss):02/48

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